

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/548401

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	1		1				52						
3		1		1			53						
4		2		1			54						
5		2		1			55						
6		3		1			56						
7		3		1			57						
8		4		1			58						
9	1		1				59						
10		1		1			60						
11		1		1			61						
12		3		1			62						
13	1		1				63						
14		1		1			64						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	11	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			14				TOTAL CLAIMS						

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